

## CIGARETTE TAX CLAIM FOR REFUND

Firm Name				Date / /
Address			Registration Number	
City And Zip Code				Distributor Number
Reason For Refu	ınd:			
The above firm stamps affixed.	has returned to These cigarett	o the manufacturer packages es were returned because th	s of cigarettes with Wasl ey were unfit for sale.	nington State cigarette tax
Name of Manufacturer				
The above firm Department of F	claims a refund Revenue has ve	due to a malfunction of cig crified all improperly stampe	garette stamping equipment ed packages.	ent. An authorized agent of the
		20's	25's	
No. of Stamps Returned to Manufacturer or Revenue				
Jams or Burns				
Double Stamps				
Partial Stamps				
Stamps on Flaps				
Stamps Marked Off				
Total No. of Stamps	25's =		\$ 1.03125	\$ .
	20's =	\$ .825		\$ .
Less Discount Total No. of Stamps	25's + 20's =		\$ .004	(-)\$
Total Net Refund Due				ie \$ .
I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
(				)
Signature of Firm Representative Telephone Number				
For Department of Revenue Use Only				
Agent's Remarks				
Signature of Department of Revenue Field Representative Date				/ /

If you have any questions, please contact the Cigarette Tax Program at (360) 753-5545.

To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 753-3217. Teletype (TTY) users please call (800) 451-7985. You may also access tax information and forms on our Internet home page at http://dor.wa.gov.